## Issue Classification



| Application/Control No. | Applicant(s)/Patent Under Reexamination |
|-------------------------|---|
| 10580233                | KASAI, JUICHI                           |
| Examiner                | Art Unit                                |
| James Sells             | 1745                                    |

| ORIGINAL           |  |  |  |   |     |         | INTERNATIONAL CLASSIFICATION |                      |  |  |  |  |             |  |  |  |
|--------------------|--|--|--|---|-----|---------|------------------------------|----------------------|--|--|--|--|-------------|--|--|--|
| CLASS SUBCLASS     |  |  |  |   |     | CLAIMED |                              |                      |  |  |  |  | NON-CLAIMED |  |  |  |
| 156 73.1           |  |  |  | В | 3   | 2       | В                            | 37 / 00 (2006.01.01) |  |  |  |  |             |  |  |  |
| CROSS REFERENCE(S) |  |  |  |   |     |         |                              |                      |  |  |  |  |             |  |  |  |
| CLASS              | LASS SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |   | CK) |         |                              |                      |  |  |  |  |             |  |  |  |
| 156                | 64                                     |  |  |   |     |         |                              |                      |  |  |  |  |             |  |  |  |
|                    |  |  |  |   |     |         |                              |                      |  |  |  |  |             |  |  |  |
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|                    |  |  |  |   |     |         |                              |                      |  |  |  |  |             |  |  |  |
|                    | -                                      |  |  |   |     |         |                              |                      |  |  |  |  |             |  |  |  |
|                    | <u> </u>                               |  |  |   |     |         |                              |                      |  |  |  |  |             |  |  |  |
|                    |  |  |  |   |     |         |                              |                      |  |  |  |  |             |  |  |  |
|                    |  |  |  |   |     |         |                              |                      |  |  |  |  |             |  |  |  |
|                    |  |  |  |   |     |         |                              |                      |  |  |  |  |             |  |  |  |
|                    |  |  |  |   |     |         |                              |                      |  |  |  |  |             |  |  |  |
|                    |  |  |  |   |     |         |                              |                      |  |  |  |  |             |  |  |  |
|                    |  |  |  |   |     |         |                              |                      |  |  |  |  |             |  |  |  |

| ☐ Claims renumbered in the same order as presented by applicant |          |       |          |       |          |       |          |       | ☐ CPA ☐ T.D. ☐ R.1.47 |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|-----------------------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original              | Final | Original | Final | Original | Final | Original |
|   | 1        | 3     | 17       |       |          |       |          |       |                       |       |          |       |          |       |          |
|   | 2        |       | 18       |       |          |       |          |       |                       |       |          |       |          |       |          |
|   | 3        |       | 19       |       |          |       |          |       |                       |       |          |       |          |       |          |
|   | 4        |       | 20       |       |          |       |          |       |                       |       |          |       |          |       |          |
|   | 5        |       | 21       |       |          |       |          |       |                       |       |          |       |          |       |          |
|   | 6        |       | 22       |       |          |       |          |       |                       |       |          |       |          |       |          |
|   | 7        |       | 23       |       |          |       |          |       |                       |       |          |       |          |       |          |
|   | 8        |       | 24       |       |          |       |          |       |                       |       |          |       |          |       |          |
|   | 9        |       | 25       |       |          |       |          |       |                       |       |          |       |          |       |          |
|   | 10       |       | 26       |       |          |       |          |       |                       |       |          |       |          |       |          |
|   | 11       |       | 27       |       |          |       |          |       |                       |       |          |       |          |       |          |
|   | 12       |       |          |       |          |       |          |       |                       |       |          |       |          |       |          |
|   | 13       |       |          |       |          |       |          |       |                       |       |          |       |          |       |          |
|   | 14       |       |          |       |          |       |          |       |                       |       |          |       |          |       |          |
| 1   | 15       |       |          |       |          |       |          |       |                       |       |          |       |          |       |          |
| 2   | 16       |       |          |       |          |       |          |       |                       |       |          |       |          |       |          |

| NONE  | Total Claims Allowed: |                     |                   |  |  |  |
|---|-----------------------|---------------------|-------------------|--|--|--|
| (Assistant Examiner)                            | (Date)                | 3                   |                   |  |  |  |
| /James Sells/<br>Primary Examiner.Art Unit 1745 | 11/05/2010            | O.G. Print Claim(s) | O.G. Print Figure |  |  |  |
| (Primary Examiner)                              | (Date)                | 1                   | 1                 |  |  |  |

U.S. Patent and Trademark Office Part of Paper No. 20101105